

WAYNE COUNTY REGIONAL COVID-19 VACCINE INSTRUCTIONS



WARREN C. EVANS
WAYNE COUNTY
EXECUTIVE



JOHN B. O'REILLY, JR.
MAYOR



PATRICK WIMBERLY
MAYOR



RANDY WALKER
MAYOR



WHEELER T. MARSEE JR.
MAYOR



BILL BAZZI
MAYOR



PAT MCRAE
TOWNSHIP SUPERVISOR



GAIL MCLEOD
MAYOR

ON BEHALF OF MAYOR JOHN B. O'REILLY, JR., POLICE CHIEF RONALD HADDAD & FIRE CHIEF DR. JOSEPH MURRAY, THE CITY OF DEARBORN HAS PARTNERED WITH WAYNE COUNTY TO PROVIDE COVID-19 VACCINES TO SENIOR CITIZENS.

TO QUALIFY FOR THE VACCINE SENIORS MUST BE AGE 65 OR OLDER AND RESIDE IN ONE OF THE FOLLOWING CITIES: DEARBORN, INKSTER, GARDEN CITY, MELVINDALE, DEARBORN HEIGHTS, REDFORD OR ALLEN PARK.

THIS REGIONAL COVID-19 VACCINE RESPONSE WILL BE ORGANIZED BY THE DEARBORN FIRE & POLICE DEPARTMENTS.

SENIOR CITIZENS WHO WOULD LIKE TO RECEIVE THE COVID-19 VACCINE ARE ASKED TO FOLLOW THE INSTRUCTIONS ON THE REVERSE SIDE OF THIS FORM.



DR. JOSEPH MURRAY
FIRE CHIEF

*"STANDING TOUGH TOGETHER ~
ONE WAYNE COUNTY STRONG"*



RONALD HADDAD
CHIEF OF POLICE

"ONE TEAM ~ ONE MISSION ~ ONE DEARBORN"

WAYNE COUNTY REGIONAL COVID-19 VACCINE INSTRUCTIONS

COVID-19 VACCINES ARE AVAILABLE TO SENIORS CITIZENS AGE 65 & OLDER WHO RESIDE IN ONE OF THE FOLLOWING ZIP CODES:

- DEARBORN ZIP CODES: 48120, 48121, 48123, 48124, 48126, 48128
- INKSTER ZIP CODE: 48141
- MELVINDALE ZIP CODE: 48122
- REDFORD ZIP CODES: 48239, 48240
- DEARBORN HEIGHTS ZIP CODES: 48125, 48127
- GARDEN CITY ZIP CODE: 48136
- ALLEN PARK ZIP CODE: 48101

PLEASE FOLLOW THE BELOW INSTRUCTIONS TO RECEIVE YOUR COVID-19 VACCINE:

1. COMPLETE THE RECORD OF COVID-19 VACCINE FORM.
2. VISIT CITYOFDEARBORN.ORG/COVID TO SCHEDULE YOUR VACCINATION APPOINTMENT.
3. CLICK PROCEED IF YOU MEET THE ELIGIBILITY REQUIREMENTS FOR THE VACCINE.
4. CLICK ON THE DESIRED DATE AND TIME FOR YOUR VACCINE
5. ENTER YOUR NAME, EMAIL ADDRESS, PHONE NUMBER, ZIP CODE AND ANSWER THE REQUESTED QUESTIONS.
6. ARRIVE TO YOUR SCHEDULED APPOINTMENT NO MORE THAN 5 MINUTES EARLY.
7. PLEASE BRING A VALID PHOTO ID AND THE COMPLETED "RECORD OF COVID-19 VACCINATION" FORM WILL BE REQUIRED FOR THE VACCINATION.

DEARBORN REGIONAL COVID-19 VACCINATION SITE

DEARBORN FORD COMMUNITY & PERFORMING ARTS CENTER
15801 MICHIGAN AVE, DEARBORN, MI 48126
ENTER THROUGH THE MICHAEL A. GUIDO THEATER DOORS



DR. JOSEPH MURRAY
FIRE CHIEF

We extend a special thank you to Wayne County Executive Warren C. Evans, Wayne County Health Department, our local, state and federal partners for making the vaccine possible.

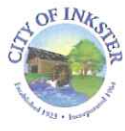


RONALD HADDAD
CHIEF OF POLICE

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RECORD of COVID-19 VACCINATION PROVIDED by DEARBORN FIRE DEPARTMENT



ALL AREAS OF THIS FORM MUST BE COMPLETE

Are you a City of Dearborn Employee? Yes No If yes, List Department: _____

Client First & Last Name: _____

Females: List your maiden name if it has been changed within the past 10 years: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone Number: _____ Other Phone Number: _____

Date of Birth: ____/____/____ Gender (Circle One): Male Female

Email: _____

Health History Questions (Must be answered): Check Yes or No

		YES	NO
1	Are you currently sick? Do you have fever or illness?		
2	Have you received any other vaccine, including the flu shot, in the past 14 days?		
3	Have you received a dose of COVID-19 Vaccine? If yes, which product? Circle one: Pfizer or Moderna		
4	Have you had a SEVERE allergic reaction (e.g., anaphylaxis) to something? For example, a reaction for which you were treated with epinephrine or EpiPen®, or for which you had to go to the hospital?		
5	Do you have any allergies to a vaccine component or latex?		
6	Do you have bleeding disorder?		
7	Are you taking a blood thinner?		
8	Have you ever tested for COVID-19 Virus? If yes, when? List date: / /		
9	For Females: Are you pregnant or breastfeeding?		
10	Have you received passive antibody therapy as treatment for COVID-19 Virus?		
11	The Emergency Use Authorization Form has been provided?		

----- DO NOT WRITE BELOW THIS LINE -----

Vaccine Administered (Check one):

Pfizer COVID-19 (0.3 cc) Lot #: _____ Site (Circle One): LA RA Route: _____

Moderna COVID-19 (0.5 cc) Lot #: _____ Site (Circle One): LA RA Route: _____

First & Last Name of Vaccine Administrator: _____

Signature of Vaccine Administrator: _____ Date: ____/____/____